ECC.D. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
THIS IS A PERMANENT	d be stated EXACTLY.	y be properly classified. I	k of certificate.
BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT EC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	WAR CO
County Somerset	Registration Dist. No. 26 9
~	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James B. loodswor	LA If U. S. Veteran, specify WAR
(a) Residence: Note: (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of Cora Bloodeworth	22. I HEREBY CERTIFY, Thet I attended deceased from  1937, to 844/5, 1937
6. DATE OF BIRTH (month, day, and year) franks, 1863	I last saw h. And aliva on Sent 17 19.2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
74 9 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profassion, or particular	ware as follows:
kind of work done, as SPINNER, tarming .	(197)
Industry or business in which	Jonach 112
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked at this occupation (month end year) year)  11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Mt Vernon F	Other Contributory Causes of Importanca:
(State or country) and	, , , , , , , , , , , , , , , , , , , ,
13. NAME Lit Bloodsworth.	
14. BIRTHPLACE (city or town) mt vernou	Neme of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Cressie Murriel	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) mt Vernon	Accidant, suicide, or homicida?
5 16. BIRTHPLACE (city or town) MT Curry  (State or country)	Where did injury occur?
17. INFORMANT Herman Bloodsworth (Address) Chriole md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Oriale Date Sept 17, 1937	Neture of injury

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Addrass)

24. Was diseesa or injury in any wey releted to occupation of deceased?..

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
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# 1000 plnods Jo PHYSICIANS statement Exact classified properly may plnous so that

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_ Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foralgn birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ If U. S. Veteran, specify WAR. (a) Residence: No. If nonresident give city or town and State (Usual place of abode)/ PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If married, widowad, or divorced HUSBAND of That 1 attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Years 7. AGE Months If LESS than to have occurred on the date I day .....hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc...... 10. Date deceesed last worked at 11. Total time (yaars) this occupation (month end spant In this occupation \_\_ year) \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town (Stata or country) terms, FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diagnosis? Was thera an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causas (VIOLENCE) fill In also the following: importan CAUSE OF DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE plnods 17. INFORMANT Very (Address) 18. BURIAL, CREMATION, OR Menner of Injury 18 mation LION Nature of injury 24. Was diseese or Injury in any way related to occupation of deceesed? 19. UNDERTAKER (Addrass) if so, spacify Registrar. (Addrass) Masson

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes I Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago DIROCALL V S Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

		-	
	. B.—WRITE PLALALY, WITH UNFADING INK—THIS IS A PERMANEN' ECOLD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	7	1
6	should of OCO		
2	very i		
_	KD. E YSICI stater		
	ECC PH Exact		3.
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NDI	X A C classif		
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MAR	UNF supplie	ee inst	ATHER
MARGIN RESERVED FOR BINDING	WTTH fully n plain	nt. S	HER F
7	CLY, e care ATH i	nporta	MOT
<u></u>	PLAE ould b	rery in	17
	RITE ion sh	TION is very important. See instructions on back of certificate.	18
S. No. 1	B.—Winat	TIO	3. 5a. 6. 7. WOTHER FATHER 119 0000 118 119 119 119 119 119 119 119 119 119
vi			20

1. PLACE OF DEATH	(3)
CountySomerset	Registration Dist. No. 26/
Village or City Marion	No. St. Ward
, (i	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Isaac Thomas Byrd	If U. S. Veteran, specify WAR
(a) Residence: No. Marion	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH 21 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Mariam Byrd	22. PHEREBY CERTIFY, Thet i ettended deceased from 1987, to 1987
6. DATE OF BIRTH (month, day, and yeer) Feb 25 1860	i last saw h alive on Joff 19.87; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, and another than the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 10000 11. Total time (yeers)	arwny Embly \$112)
this occupation (month and 1927 spant in this 50 occupation	Other Contributory Causes of importance:  Joseph Gulino & Cluss
(State or country) Maryland  Lagrange Noah Byrd	June myselly
Somongot Country	Chose Out affects
(State or country)  Maryland	Neme of operation
15. MAIDEN NAME Jane Sterling	Whet test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)  (State or country)  Somerset County  Maryland	23. If death was due to external causes (VIDL ENCE) fill in elso the following:  Accident, suicide, or homicide?, 19,  Where did injury occur?,
17. INFORMANT Loyd Johnson (Address) Marion	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL Place Crisfield Date Sept 2319 3	Manner of injury
19. UNDERTAKER John A Bradshaw  (Address)  20. FILED 9/27, 1937 Jurelea 10 aussore  Registrat.	24. Was disease or injury in any way related to occupetion of deceased?  If so, specify  (Signed)  (Address)  M. D.  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	A Company of the Comp	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

RESERVED

HUSBAND of (or) WIFE of

Yeers

12. BIRTHPLACE (city or town (State or country) 13. NAME

14. BIRTHPLACE (city or town). (Stete or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country) 17. INFORMANT \_ (Address)

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER.

(Address) Registrar. 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State)

What test confirmed diegnosis? \_\_\_\_\_ Wes there en eutopsy?\_\_\_\_

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,

24. Wes diseese or injury in any way releted to occupation of deceesed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING	WITH UNFADING INK-THIS IS A PERMANENT
FOR	IS A
N KESEKVED FOR BINDING	INK-THIS
MAKGIN K	UNFADING
	WTTH
	, PA

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10133
	1. PLACE OF DEATH	
should f OCC	County Somorset	Registration Dist. No. 26/
item shot of O	Village or City Westower	No. St., Ward
t S i	Length of residence in city or town where death occurred 2 2yrs 6 mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
CD. Every YSICIANS statement	2. FULL NAME John Somuel C	Settman
SIC ate	(a) Residence: No.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
24	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 6 , 193 7 . (War)
ING NED C T ified	5a. If married, widowed or divorced HUSBAND of Softman	
NDING RMANEN X A C T I	HUSBAND of Gorne 11 a 7. Bottman	1 HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 7cb 22 1865	I last saw h saive on Sefet 1 ,1937; death is said
R A P ed ed eerl	7. AGE Years Months Days if LESS than	to have occurred on the dete stated above, at 10. A-m.
FOR BI IS A PEI stated E properly certificate.	72 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	
VED THIS Id be ty be		311 0 7/20/2
VK—T) should it may n back	SAW MILL, BANK, etc. Coww Tann	Trogressive Bulbor lavalysis 1/04/3
	11. Total time (years) this occupation (month and year) 37  11. Total time (years) spant in this 55 occupation 55	
RES ING I AGE that	year) dele 22 2/ occupation 00	Other Contributory Causes of importance:
A 1	12. BIRTHPLACE (city or town) Wastover Somercof	Co.
GI FAI ied.	(State or country) Tolary and	
	13. NAME Coudred Cottman  14. BIRTHPLACE (city or town) Tary land	
T - 70	14. BIRTHPLACE (city or town) 79ry 1 rule (State or country)	Name of operation
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		What test confirmed diagnosis? Was there an autopsy?
Y, WTTH carefully [H in pla ortant.	I   //	23. If death wes due to external causes (VIOLENCE) fill in also the following:
ATH	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
Id be DEAY	1030/tot T 0 +	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.
	18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
S ISE	Place Westones Date Sept 7 , 19 37	Nature of injury
-WRIT mation CAUSE	19. UNDERTAKER Chas H. Word	24. Was disease or injury in any way releted to occupation of deceased?
0	(Address), parion and:	If so, specify
S. B.	20. FILED 9/9 1037 Gurelia 10 faceson	(Signed) Oldore of Jarldsman M.D.
> 4(1)	Registrar.	(Address) Prence for Reene Typer
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCI 4 19	3/ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bure	. 5. 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(31)
County Somesset	Registration Dist. No. 26/
Village or City Makeon	NoSt.,Ward
Length of residence in city or town where death occurred 6 Syrs 5 mos.	death occurred in a hospitalor institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
2. FULL NAME & eorge H. Evans	If U. S. Veteran, specify WAR
(a) Residence: No. Marion Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male Colored Maried	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lucinda Evans  6. DATE OF BIRTH (month, day, and yaar)	22. I HEREBY CERTIFY, That I attended daceased from 19.37, to Sept 4, 19.37. I last saw h aliva on Larg 15, 19.37; death is said
7. AGE Yaars Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4.4.9 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date decaased last workad at this occupation (month and spant in this	acul du 7 18ml 4
12. BIRTHPLACE (city or town). Marion (State or country) Armonist Company  13. NAME House English  14. BIRTHPLACE (city or town). Armonist Company  14. BIRTHPLACE (city or town). Armonist Company  15. City or country)	Other Coutributory Causes of Importance:  Haling believe  Clove Out while  Clove Out while  Name of oparation.  Date of
(State or country)  15. MAIDEN NAME Color town)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. MAIDEN NAME  18. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN	What test confirmed diagnosis? Was there an autopsy?  23. If daeth was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Land Sept 7,1987	Manner of injury
19. UNDERTAKER 6 has H ward  (Address)  20. FILED 9/7, 19-37 Jurelia 18 facusor  Registrat.	24. Was disease or injury in any way related to occupation of decaasad?  If so, specify  (Signed)  (Address)  (Address)

V. S. No. 1

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLANLY, ż

PHYSICIANS should state

stated EXACTLY.

properly classified.

pe

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I	11	Example II	
The principal cause of death and of importance were as follows:  Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	1 4 1831	July 5,1927	Peritonitis	3 days ago
	HARL V. S			
Other contributory causes of impo	ortance:		Other contributory causes of importance:	
Gallstones	and the state of	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important.

B.—WRITE

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L. PLACE OF DEATH				925
	County Some	cset			Registration Dist. No. 263
	Village or City Cris	ofield	HIN-CC	PPORATE MOS	Mary and But St., Ward death accurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
		achel I		<b>y</b> 13	
		<b>a</b>		700	If U. S. Veteran, specify WAR
	(a) Residence: No.	maryla	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND S	TATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR W			fED, WIDOWED, (write the word)	21. DATE OF DEATH  SETTEMBRY (Day)  (Pear)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Jessie	D Eve	ans	22. A I HEREBY CERTAFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, end	yeer) Ant	17 23	1852	I lest sew he elive on Self 19.37; deeth Is sald
_	AGE Yeers	Months	Days	If LESS than	to heve occurred on the date stated above, at. 2.30m.
	85	4	11	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
OCCUPATION	8. Trede, profession, or perticul kind of work done, es SP SAWYER, BOOKKEEPER, e Industry or business in whick work wes done, as SILK M SAW MILL, BANK, etc	inner, etc	lousewo	rk	Crebral mombosis
OCCI	10. Dete deceased last worked e this occupation (month an year)	t	11. Total tim	ne (yeers)	Chronic myocardities Duration i met horano
12	BIRTHPLACE (city or town) (Stete or country)	Cris:			Other Contributory Causes of Importence:
ER	f3. NAME Th	omas Wa	ard		acuto Budiac Sudalation
FATHER	I f4. BIRTHPLACE (city or town)	Crisfi Maryla			Name of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
ER	15. MAIDEN NAME	Betsey	Vard		23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) (Stete or country)	Crisfi Maryla			Accident, suicide, or homicide?
17	. INFORMANT	Harry E			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOV		ete Sep	t 6 , 19 37	Menner of injury
19		A Brads	haw		24. Wes disease or injury In eny way related to occupetion of deceased?
20	FILED Softh 6, 193	76	E lea	Registrar.	(Signed Address Alabia ad Md.
		If more blan.	ks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

plnods PHYSICIANS statement Exact classified. certificate. properly RESERVED may so that MARGIN in plain terms, carefully should be

1. PLACE OF DEATH

Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH 5a. If married, widowed, or diversed HUSBAND of Y) That/ I attended dacaased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Z. AGE Yaars Months If LESS than 1 day,.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importanca or ..... min. wara as follows: Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.... Oete deceesed last worked at 11. Total time (years) spant In this this occupation (month and occupation \_\_\_\_ 1.0 instructions Other Contributory Causes of Importanca 12, BIRTHPLACE (city or town) DAME chronice gastritis (State or country) FATHER 13 NAME 020 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis?\_\_\_\_\_ Was there en autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill In also the following: CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. Very (Addrass) 18. BURIAL, CREMATION, OR REMOVE Menner of Injury LION 24. Was disease or Injury In any way related to occupetion of dacaased?... 19. UNOERTAKER (Address) If so, specify. (Signed) Registrar, (Addrass) .... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1901			
11 11 12	1		
Other contributory causes of importance:		Other contributory causes of importance:	CHILIP
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY LY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLA

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10137
1. PLACE OF DEATH	(31)
County Somewell	Registration Dist. No. 26/
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town whera death occurred yrs mos	s6_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marion O, Jano (a) Residence: No. Marion Sta M (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 9th 1937
a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Thomas & Handy	1 HEREBY CERTIFY, That i attended decassed from
ph, 2008 (0110	i jast sawh ex alive on Best 9 1037 death is ealed
DATE OF BIRTH (month, day, and year) Hog 3 1 849  AGE Years Months Days If LESS than	1,200
90 4 (all lay,hrs.	to have occurred on the date steted ebove, at # m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:  Date of onset
kind of work done, es SPINNER, Househaches SAWYER, BDOKKEEPER, etc.	The state of the s
9 Industry or business in which	
kind of work done, es SPINNER, Josephe SAWYER, BDOKKEPER, etc  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10Date decaased last worked at 11. Total time (years) this eccuration (month and	
Spaint in this	
year) occupation	Other Centributory Causes of importence:
BIRTHPLACE (city or town)	Clims out repliets not be
(State or country) Ormelle Co, Ma	Climic myscalela.
13. NAME John W. Wiles	
14. BIRTHPLACE (city or town)	Nama of oparation
15. MAIDEN NAME Henritta Wongs well	What test confirmed diagnosis? Was there an autopsy?
13. MAIDEN MAINE JEMMENE JI, WHOLE	23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
011111	Where did injury occur? (Specify city or town, county and State)
(Address) Cristical Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMOTION OR REMOVAL	Manner of injury
Place M. Pacel Clueling Date Sleft 11 7, 1937	Nature of injury
O. UNDERTAKER De Lawson Modern (Address)	24. Was disease or injury in any way related to occupation of deceased?
0. FILED 9/1/ 1937 Guflex Boaws Registrar.	(Signed) Larry Coulds M. D
	2411 N. Charles Street, Balimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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IS IS	xample I	and the same of th	Example II	
The principal cause of desof importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	OCT 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	/5	July 5,1927	Peritonitis	3 days ago
	BUREAU V. 3			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT ECALD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is the statement of OCCUPATION. MARGIN RESERVED FOR BINDING N. B.—WRITE PLA

V. S. No. 1

County	sort (	Registration Dist. No. 260
Village or City V	enn on	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where		
2. FULL NAME OR	usbon	Jonafru. S. Veteran, specify WAR
(a) Residence: No.		St., Ward.
PERCONAL AND CTATICT	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
m es	OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decaased fr
. DATE OF BIRTH (month, day, and year)	Sept. 27, 1937	
AGE Years Months	Days if LESS than 1 day,hrs. ormin.	THE PRINCIPAL CAUSE OF DEATH and related causes of importants
8. Trada, profession, or particular kind of work done, as SPINNER,	Mms	wera as follows: Date of one
SAWYER, BOOKKEEPER, etc		Durton
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
Jour/	Octobration .	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)		
(State or coupley)	S Canada	
13. NAME	Jones	
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Jones	Name of operation
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Jones Mellard	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Jones Dellard 2001	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (ViOLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of injury, 19
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT	Dellard Dellard Date 9/27, 137	Name of operation Data of Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	II.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CFIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 6 1937				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN MECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF	MARYL	AND-CERTI	FICATE	OF	DEATH
----------	-------	-----------	--------	----	-------

1. PLACE	OF DEATH	,		(19)	16.0
County_	-omors	<u>a</u> +		Registration Dist. No.	(60)
Village o	r City Coulon	ی		NoSt	Ward
T/6				f death occurred in a hospital or institution, give its NAME instead of street as	nd number)
Length of	residence in city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrs	_mosds.
2. FULL N	NAME docop	fice o	dulca	Louis	
(a) Resid	dence: No.			St., Ward.	
		(Usual place		If nonresident give city or town	
	ONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH	-
+	C01	S		(Month) (Oay)	(Year)
5a. If married, wi HUSBAND o	dowed, or divorced				
(or) WIFE o				22. I HEREBY CERTIFY, That I ettend	
	-			Sept 10 ,1937, to Sept 16	, 19.3.7.
	TH (month, day, end year)	- celleg	9 37	I last saw had alive on 193	7-; deeth is sald
. AGE	Years Months	Dáys	If LESS than	to have occurred on the date stated above, etcl. 207.m.	
	12	7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, pr	rofession, or particular of work done, as SPINNER,			diangea	Date of onset
SAW	OF WORK GONE, AS SPINNER, YER, BOOKKEEPER, etc		<b></b>		
9. Industry	or business in which			CSS 00000000000000000000000000000000000	9/10/3
	was done, as SILK MILL, MILL, BANK, etc				17
10. Date dec	eased last worked at eccupation (month end	11. Total ti	me (years) ntin this		
year)		ocsu	pation	Other Contribution Course of Impartment	
2. BIRTHPLACE	(city or town)	elore		Other Contributory Causes of importance:	
(State or		ylaud	4	alangomus	8/14-2
13. NAME	THOORU	1000 -	dans.		1.12.13
		2 0 '	4000		
	ACE (city or town)	ovy la u k	ົ້າ	Name of operation Oate o	
(3181	NO - 1	rylaus	0 1/11	What test confirmed diagnosis? Was there	
15. MAIOEN	NAME COrela	ره س	G when	23. If death was due to external causes (VIOL ENCE) fill in elso the follow	
	ACE (city or town)	seelou		Accident, suicide, or homicide?Oate of Injury	, 19
- (Stat	e or country)	ey/au		Where did injury occur?	
7. INFORMANT	11/00 8/41	w. d	vues	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE,
(Address)	1 con	Low 7	710.		
8. BURIAL, CREA	MATION, OR REMOVAL	,	1	Manner of Injury	
Place_L	mutu	Date 9-1	7 ,1937	Nature of injury	
19. UNDERTAKER	naciu: A	a de la de	1	24. Was disease or injury in eny way related to occupation of deceased?	
19, UNDERTAKER (Address)		no me	10,	If so, specify	
A	4.5 25	700	. +#	(Signed) Ceane of areas	man
20. FILED Neg	4.1.), 19. 5.7	1 de	ull	(0.8.00)	M. D.
1		blanks are needed a	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
· Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Menner of injury

if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Nature of injury\_\_\_\_\_

(Address)

24. Wes disease or injury in eny way releted to occupation of deceesed?

2

LION

18. BURIAL, CREMATION.

19. UNDERTAKER (Address)

OR REMO

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
R12 7, 2, 1			
Other		Other contributory causes of importance	
Other contributory causes of importance:	TENER L	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE

E O	F MARYI	_AND-	CERTIF	CATE	OF	DEA.	ГН	1014	1
- 0	F MARTI	-AND-	CERTIF	ICATE	Ur	DEA	IH		Д

1. PLACE OF DEATH		(kn)	
County None	J-	Registration Dist, No. 26	2
Village or City Preserve	anny m	NoSt.,	Ward
Length of residence In city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number death of stree	
2. FULL NAME LECTURE	unt dans	of U. S. Veteran, specify WAR	
(a) Residence: No.		Ost., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonesident give city or town and State	
	INGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Thuch Whili	OR DIVORCED (write the world)	(Month) (Day) 193	7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	Carriston)	22.   HEREBY CERTIFY, That I attanded decea	ised from
S DATE OF BIRTH (month day and man)	100,003	1 last saw h alive on, to, 19, table 1	19
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, atm.	I(II 15 5#II
54 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 8 Trade, profassion, or particular	ormin.	were as follows:	te of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	egoccan		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	1	L 0	
SAW MILL, BANK, etc	11. Total tima (years)	Jun Shof- Wanned	
this occupation (month and year)	spent in this		
		Other Cantributary Causes of importance:	
12. BIRTHPLACE (city or town)	1		
13. NAME (1-R-6 73)	Acres assess		
14. BIRTHPLACE (city or town)		Name of operation Date of	
(Stata or country)	W7997	What test confirmed diagnosis? Was there an autops	
# 15. MAIDEN NAME MAP 1500	2	23. If death was due to external causes (VIOLENCE) fill In also the following:	·y!
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	19
E (Stata or country)	mm a	Where did Injury occur?	10
17. INFORMANT Description (Address)	acceptant)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	0 1	Mannar of Injury	
Place Mueros VerseeD	ata Dept. 30, 19.37	Nature of Injury	
19. UNDERTAKER Dale hous	hiell	24. Was diseasa or injuy in any way related to occupation of deceased?	
(Address) Princess an	me, md.	If so, specify	
20. FILED Sept 29, 19.37 ]	& Switt	(Signad) & Dunch	(1.1
	Registrar.	(Addess) Brisius Temes	hed
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	nhritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT & 1937	July 5,1927	Peritonitis	3 days ago
4	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	0
Gallstones		May 1,1923	Gastroenteritis	1 year
				*
				0 7 0

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE

ż

1. PLACE OF DEATH	97 264
county Somerset	Registration Dist. No. 26 7
Village or City Trunchlitaer	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred the hospital of historical hi
al IVPI	IS II O Material and MAD
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresiden: give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (wrige the word)	21. DATE OF DEATH  9 27 , 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Sinda a. Parks	22.   HEREBY CERTIFY, That I stended deceased from 22, 193 3, to 22, 1937
6. DATE OF BIRTH (month, day, and year) 1869 - Febr 7	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7-2-2-2-m.
68 8 /5   1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Generally alluat her
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	of sections — e.
work was done, as SILK MILL, SAW MILL, BANK, etc.	(8) Ned a Parent I had be illen
10. Date deceased last worked at this occupation month and 1937 spent in this occupation with the spent in this occupation.	THE FILMERIA THE
Hai and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Of arles  14. BIRTHPLACE (city or town) Holland Usland	Name of operation
(State or country)	What test confirmed diagnosis
15. MAIDEN NAME Omelia Blake	23. If death was due to external causes (VIOLENGE) fill In also the following:
16. BIRTHPLACE (city or town) Fassword	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Willis E. Parko, (Address) Farmant Ma	(Specify of towar countries and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in FURTIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Farman CenterDate Sept 24, 1937	Nature of Injury
19. UNDERTAKER And Bradshaw	24. Was disease or injury In any way related to occupation of deceased?
20, FILED Doft 24, 1937 J. E. Dickinson	(Signer) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCF 5 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			(=

AGE should be stated EXACTLY.

properly classified.

be

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 1019	13
1. PLACE OF DEATH		(87.50) d /	c.
CountySome	rset WIN COL	FORATE LIMITS OF Registration Dist. No. 260	
		NoSt.,St., f death occurred in a hospital or institution, give its NAME instead of street and number)	
		s ds. How long in U. S. if of foreign birth?	ds.
2. FULL NAME	nce V Smith	1f U. S. Veteran, specify WAR	*****
(a) Residence: No. Cris	Sfield Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Merried	21. DATE OF DEATH Silver (Month) (Day) (Yes	ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George	e W Smith	22. CHEREBY CERTIFY, That I attended decease	d from
	April 23 1869	I last saw h 200 alive on Selfe 12 , 1927; death	is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
2 Trade profession or particular	≈ L ormin.	were as follows:	ofonset
SAWYER, BOOKKEEPER, etc	Housework	apaptoxy	
10. Date deceased last worked et this occupation (month and year)	11, Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Gird. (State or country) Mary	Letree	Other Coatributory Causes of importance:	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
14. BIRTHPLACE (city or town)Gird	letree vland	Name of operetion Date of What test confirmed diagnosis? Was there an eulopsy?	
≝ 15. MAIDEN NAME Venil:	Redding	23. If death was due to external causes (VIOLENCE) fill in also the following	
	ter County	Accident, suicide, or homicide?	)
	V Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Plece Crisfield Nd	Date Sept-1619-37		
19. UNDERTAKER John A Brai (Address) Crisfield	dshaw Md	24. Was disease or Injury In any way releted to occupation of deceased?	
20. FILED Report 15, 19 3) ( &	3. Collins	(Signed) C c C.	M. D.

(Address)

Registrar.

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Chronic interstitial nephritis OT 5 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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D. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement stated EXACTL WIH UNFADING INK-THIS IS A PERMANEN properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Somere	N CORPORATE PROPERTY Registration Dist. No. 261
Village or City Cressella.	/_NoSt.,Ward
Length of residence in city or town where death occurred yes letter	death occurred in a hospital or institution, give its NAME instead of street and number)  Let the death occurred in a hospital or institution, give its NAME instead of street and number)  Let the death occurred in a hospital or institution, give its NAME instead of street and number)  Let the death occurred in a hospital or institution, give its NAME instead of street and number)  Let the death occurred in a hospital or institution, give its NAME instead of street and number)  Let the death occurred in a hospital or institution, give its NAME instead of street and number)  Let the death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Co. Sterling	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemes 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Left 28 h 193 7 (Mag/th) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Wingale F. Sterling	22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day/and year) Marole 182 1864	Hast saw here alive on Supl 2 % , 1937 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at # 1.5 F.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 9 Trade official or posticular	Orkereaclerone
kind of work done, as SPINNER, House heefer	Cerebral langulage Sex. 16
A Flade, ptolassing, or particular kind of work done, as SPINNER, Arouse Register SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end spent in this	
O 10. Date deceasad last workad et this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Successor (State or country)	Other Contributory Causes of importence:
13. NAME Nielzolus derline	
13. NAME VIESTORIS Sterling 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of Was there en autopsy?
15. MAIDEN NAME Scrafe Adams	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Salu Maus  16. BIRTHPLACE (city or town)  (Stete or country)	Accidant, suicide, or homicida?
17. INFORMANT Worn Mink Olesling (Address) Cristical Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE OLD LANGE LE Date Def V, 30, 1937	Manner of Injury
19. UNDERTAKER S. Lawson (Addiass)	24. Was disease or Injury In any way related to occupation of deceased? 250
20. FILED. Seken 2 919 \$ 7 lo & b allen	(Signed) M. D. (Address) Cros Frekl, Red

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:	100	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE O	F MARYL	AND-CEF	RTIFICATE	OF	DEATH
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STATE OF MARTEAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	TOTE LIMITS OF
County Comesset	REGISTRATE LIMITS Registration Dist. No. 265
Village or City (respected)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
11 50 -	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME DEMON V, Seller	If U. S. Veteran, specify WAR
(a) Residence: No. Mary and Use (Usual place of abode)	7 -St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male I S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self, 25-7, 1937, (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Ne ( total	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) / March 8th 1883	I last sew h; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date steted above, et ——————————————————————————————————
32 4 1 1 aay,min.	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  10. Dete deceased last worked at this occupation (month and this pocupation (month and spent in this seem in this	Breta el Heyarka
9 Industry or business in which work wes done, as SILK MILL,	arkanos lu nie
SAW MILL, BANK, etc	
O 10. Dete deceased last worked at this occupation (month and year)	
Printed.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	Olivoris algebras author
# 13. NAME OVER HEADING	blenes !-
13. NAME Nester of Alerhaig  14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diegnosis? Cluring Wes there en eulopsy?
15. MAIDEN NAME Sarean 6. Kiggin	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Quistha Milbonine	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Regulatificary Date Slept 27, 1937	Neture of Injury
19. UNDERTAKER & Dawroy & Son	24. Wes disease or injury in any way related to occupetion of decessed? 200
(Address) (nessield, Ma.	If so, specify
20. FILED PT & 6, 19 3) Registrar.	(Signed) M. D.  (Address) Presided 200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis S. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	1. PLACE OF DEATH	) MAKILAND	CERTIFICATE OF DEATH 10146
	County John	ersel	Registration Dist. No. 264
	Village or City Money	Jeni	NDSt., Ward
	Length of residence in city or town where	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. If of foreign birth?yrs:mosds
•	2. FULL NAME ann	in Co. Sus	ler If U. S. Veteran, specify WAR
ĺ	(a) Residence: No.		St. Ward.
	DEDCONAL AND OFFICE	(Usual place of abode)	If nonresident give city or town and State
3	PERSONAL AND STATIST	5. SMGLE, MARRIED, WIDOWSD.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	female while	OR DIVORCED (write the word)	Jeff (Month) (Day) (Year)
oa.	. If married, widowed, or divorced HUSBANO of (or) WIFE of Wm. J.	Sudler	22. I HEREBY CERTIFY, That I attended daceased from
6.	DATE OF BIRTH (month, day, and year)	noy 16.1850	I last saw h. E. L. alive on
7.	AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
207	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Houselvife	Date of onsel
CUPAT	9, Industry or business in which work was done, as SILK MILL,		Pzi
000	SAW MILL, BANK, etc	11. Total tima (yaars) spent in this occupation	Duration: tan years
12	BIRTHPLACE (city or town)		Other Contributory Causes of Importanca:
2	(State or country)	and ma	-
FATHE	14. BIRTHPLACE (city or town). (Stata or country)	mercet md	Name of operation Date of
ER	15. MAIDEN NAME ASSAL	Bollard	What test confirmed diagnosis?
OTH	16. BIRTHPLACE (city or town)	M	Accident, suicide, or homicida?
Σ	(State or country)	merpel ma	Where did injury occur?
17	(Address) man	usler	(Specify whether Injury occurred In INDUSTRY, In HOME or In PUBLIC PLACE.
18	B. BURIAL, CREMATION, OR REMOVAL	Mote De/ 178, 1937	Manner of injury
19	). UNDERTAKER PMU	mith	24. Was disease or injury in any way related to occupation of deceased?
-	FILED Dehb 27 1937 J	E. Dickinson	(Signad) 15 16 16 16 16 16 16 16 16 16 16 16 16 16

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago DITOFALL Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

- 11		10147
	PLACE OF DEATH	STATE OF MARYLAND
	County Somersu	CERTIFICATE OF DEATH
	County of the Management of the County of th	(131)
$I \parallel$	7.	Registration Dist. No. 264
	Village or City / Wrunount (No	St.: Ward) (If death occurred in a hospitual or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TO WOR	Male A COLOR OF RACE SSINGLE, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH Sept. 23, 1937
	6 DATE OF BIRTH March 23, 1876	I HEREBY CERTIFY, That I Conded the deceased from
3	(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw heussalive on Sept. a 195
3	I day hrs.	and that death occurred on the date stated above, at
2	6 / yrs. 6 mos. 0 ds. or min.?	Cardio- Vascular- Neval
1	(a) Trade, profession or particular kind of work	disess
1	(b) General nature of industry	***************************************
0	business, or establishment in which employed or (employer)	(Duration)
	9 BIRTHPLACE (State or country)	Contributory Clrunal Dalalynes Secondary
	10 NAME OF FATHER	(Signed) Duration yrs mos ds.
	10 11 BIRTHPLACE	Sele 23.1927 (Address)
LU LU	OF FATHER (State ob country) Farmount and	*State the Fisease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Margaret He, Revel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) June G. Full	Former or usual residence.
	(Address) Fairmount mid.	Farmount aucles Sep. 25193
	Filed Pefet 24 1927 4 & Diekinson	Harry B. Miles Fairmount
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully enaployed, as At school, or At home. Care should be taken-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> taken. FOR VIOLENT DEATHS state MEANS OF INJUNY as fracture of skull, and consequences (e. g., sepsis, tetatus) may be stated under the head of "contributory." Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. atic), accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF	DEATH			(82-0)
County	Somerset			Registration Dist. No. 26 f
Village or Ci	ty Mario	n		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAM	severn	Cooper	Tyler	If U. S. Veteran, specify WAR
(a) Residence	e: No. Fair	nount (Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED.  D (write the word)  Ied	21. DATE OF DEATH  (Dey)  (Yeer)
5a. If married, widowe HUSBANO of (or) WIFE oI		Elpetina	Tyler	22. I HEREBY CERTIFY. Thet I ettended decessed from Color 2971932 to 1991. 247, 1937.
6. DATE OF BIRTH (	month, dey, end yeer)	Jan 5	L866	I last sew h im elive on Legel . 2 3 4, 1937; deeth is seid
7. AGE Yaer	Months 7	Days	II LESS then I dey,hrs. ormin.	to heve occurred on the deta steted ebove, at
SAWYER, 9. Industry or the work wes SAW MILI 10. Data decease this occup	sion, or perticuler ork done, es SPINNER, BOOKKEPER, etc  pusiness in which dona, as SILK MILL, L, BANK, etc d last worked et ation (month and	Farme:	ime (yaers) 42	Cermina anustal selline, 1932
12. BIRTHPLACE (city (State or coun	y or town) Sm	ith Isla		Other Contributory Causes of Importance:  Certhan Hemselage 4/24/52
13. NAME	Severn	Tyler		2/2/34
14. BIRTHPLACE (Stete or	(ore) or county	th Isla	nd	Neme of operation Date of Whet test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (Stete or	(city or town) Sn country) N	nie Fluh mith Isl Maryland	and	23. II death was due to externel ceuses (VIOL ENCE) fill In elso the Iollowing:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city of lower county and State)
17. INFORMANT (Address)	Miss I Salis	- 76 /	yler d	(Specify city or lown county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	ion, or removal	Deta Sep	t 27 ,19 3	Manner of Injury
19. UNOERTAKER	John !	issag	lahaw	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED. 9	27,10374	urelia 1	1 dawson	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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FOR BINDING

MARGIN RESERVED

B.—WRITE

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10149
1. PLACE OF DEATH	(8,6)
County Xomerset OUTSI	DE CORPORATE LINETTE Registration Dist. No. 2 / 0
Village or City Crushield ( ) J. D.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred the warmen os.	ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME Slorge It. Ward	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)  Moule  Mount	21. DATE OF DEATH Selv 3 nd (Month) (Pay) (Year)
5a. If merried, widowed, or divorced	
HUSBAND of Cor) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
00'- NV. 101-1-	19.87, to
6. DATE OF BIRTH (month, day, and year) While 27 1850	I last saw h alive on
7. AGE Years Months Days It LESS than 1 dayhrs.	to heve occurred on the date stated above, at 7.7
82 4 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	
A hade, professing, or particular this necessary or the second of work done, es SPINNER, falenman frances, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this necessary or this necessary or the second of the second	Prosed deal-culling creas
9. Industry or business in which	1 / relied howasthage
work was done, as SILK MILL, SAW MILL, BANK, etc	a Lesios Ceroseo
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Smerrel W. 116.	
13. NAME William Ward	
13. NAME William Ward  14. BIRTHPLACE (city or town)  14. State or country	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
IS MAIDEN NAME Maria Nelson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maria Welson  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
-May grand Olland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specity whether injury occurred in INDUSTRY, in NOME, of in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Jaluan
Plece Cassley acoustage 9/2 1933	Manner of Injury
010	Nature of Injury
19. UNDERTAKER Dawaou!	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Checkery And	It so, specity
20. FILED Sept 1, 19 37. L. Collins	(Signed) M. D.
Registrar.	(Address) has told his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis OCI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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CCT 0 1907				
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

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2 1 25	8.8

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1015
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1. PLACE OF DEATH	
County Somersel	Registration Dist. No.268
Village or City Menassa md	NoSt., Ward
(I	death occurred in a hospital or institution, give its NAME instead of street and number)
20 1.0.1	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vernon It hile	If U. S. Veteran, specify WAR
(a) Residence: No. (Lieual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
0 1160 : 1021	193, to 50, 193
6. DATE OF BIRTH (month, day, and year)	I last saw h ; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, atm.
16 1 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	-AA
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	leste them complete
Solve was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data decaased last worked at this occupation (month and spent in this	Typhine Jews
year) occupation	Other Contributory Canada of importance:
12. BIRTHPLACE (city or town) Itempro	
(State or country)	
13. NAME /Sonnie While	
13. NAME Bennie While  14. BIRTHPLACE (city or town) Herrana	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lause Sleis	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lauise Stein  16. BIRTHPLACE (city or town) Stevenson  (State or country)	Accident, sulcide, or homicida? Dete of injury, 19
∑ (Stata or country) md	Where did injury occur?
17. INFORMANT Sause White	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Deals I stand In	
18. BURIAL, CREMATION, OF REMOVAL	Mannar of injury
Place Dela & Slandon Byot 5, 1937	Nature of injury
19. UNDERTAKER Fored I Stebster (Address) / Peals Salared and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Supt 4, 193) Rose Welter.	(Signed) M. D.
	(Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-3	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
Other contributory causes of importance:	To a series	Other contributory causes of importance:	The big
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN